

# CHAPTER 10

## ESTABLISHING THE RIGHT MEDICAL PROGRAM FOR YOUR WORKSITE: THE OCCUPATIONAL HEALTH DELIVERY SYSTEM

### INTRODUCTION

Are you remembering the “health” in your occupational safety and health program? The Occupational Safety and Health Act of 1970 aims “to assure so far as possible every working man and woman in the nation safe and healthful working conditions...” Toward this end, OSHA’s Safety and Health Program Management Guidelines strongly urge the identification and control of health hazards and the implementation of a medical program.

A medical program is another name for the systems that employers put in place to ensure occupational health expertise within the overall safety and health program. Having a medical program does not necessarily mean that you must go out and hire a doctor to work at your company. There are many ways for you to find and use occupational health expertise. This chapter will help you decide what will work best for your business.

We call the medical program the occupational health delivery system, or OHDS. This term will help you remember that a comprehensive program is more than an after-the-fact response to work-related injuries and illnesses. It also includes the activities that uncover the safety and health hazards in your business and that help you formulate a plan for prevention or control. It is a management system in the same way that the actions you take to promote safety are a management system.

You may find it more difficult to establish the goals and objectives for your OHDS than for the other parts of your safety and health program. The harm it prevents may not appear obvious at first. For example, an employee who is experiencing hand pain and who gradually is developing a cumulative trauma disorder (CTD) may seem to have a less serious problem than the employee who has a severe cut or broken bone from an accident. But our experience is that work-related health problems are not less serious in terms of loss and human suffering than the more obvious injuries.

An effective OHDS will help reduce all types of safety and health hazards and the resulting injuries and illnesses. The positive results from such a program will be measurable by a decrease in lost workdays and workers’ compensation costs. You also can expect this program to help increase worker productivity and morale.

### WHO SHOULD MANAGE THE OHDS?

You will find that the OHDS works best when managed by occupational health professionals (OHPs). A physician or a registered nurse with specialized training, experience and knowledge in occupational health which will work with you but not necessarily as your employee. This arrangement works best because safety professionals, industrial hygienists, occupational medicine physicians and occupational health nurses all have their own areas of specialized knowledge. You cannot expect to get all the information and service your safety and health program needs from only one type of specialist. If you tried, you might overlook or mis-identify a dangerous hazard in your business.

Appendix 10-2 contains a description of the different ways that physicians and registered nurses receive specialty training in occupational medicine and health and the different services that they can provide you. Chapter 12 contains information about some of the services you can get from safety professionals and industrial hygienists.

## WHAT SERVICES DO YOU NEED FROM YOUR OHDS?

There is no such thing as a standard OHDS. There is no substitute for examining the special characteristics of your business and developing an OHDS that is right for you. These special characteristics include:

- The actual processes in which your employees are engaged;
- The type of materials handled by your employees;
- The type of facilities where your employees are working;
- The number of employees at each site under consideration;
- The characteristics of your work force, such as age, gender, ethnic group and educational level; and
- The location of each operation and its distance from health care facilities.

As you look at the characteristics of your employees and workplace, you should be asking yourself questions such as:

- Are there hazards in the process, materials or facilities that make it likely that employees will get sick, hurt or will suffer abnormal health effects from their work?
- Are there so few employees that onsite occupational health resources are less practical than off-site contract services? Are there so many employees that time and money will be saved by installing onsite resources?
- Are there special characteristics of the workers that make them more vulnerable to illness or injury or less likely to understand the safety and health hazards of the worksite?

You should be aware that under the Americans with Disabilities Act (ADA) employers may require employees to submit to medical examination only when justified by business necessity. It is our judgement that a health and safety concern qualifies as a business necessity. The results of any medical examination are subject to certain disclosure and record retention requirements (see Part 1910.1020 of Title 29 of the Code of Federal Regulations), but also are subject to confidentiality requirements of the ADA. The ADA's employment-related provisions are enforced primarily by the U.S. Equal Employment Opportunity Commission.

- Is there anything about the workplace that makes it important to have occupational health assistance closer or more rapidly obtainable?

Answering these questions will put you in a better position to decide which OHDS services you need. The services are listed below..

## THE RANGE OF OHDS FUNCTIONS

There are three basic types of OHDS activities:

1. Prevention of hazards that cause illnesses and injuries,
2. Early recognition and treatment of work-related illness and injury, and
3. Limiting the severity of work-related illnesses and injury.

### Preventing Hazards

- Make sure that your safety and health policy shows that you are as concerned about your employees' health as their safety. (See Chapter 2.)
- Make sure that qualified OHPs help you identify the hazards and potential hazards of your workplace. (See Chapter 7.)
- Use OHPs in the development and presentation of health training and other preventive activities, including the various measures required by OSHA's Bloodborne Pathogens standard. (See Chapter 11).

Remember that it is your responsibility to determine if you have employees who fall within the scope of the Bloodborne Pathogens standard and to make arrangements for compliance for these employees. Staff nurses, physicians and emergency response personnel are covered by the standard, even where no other employees appear at risk of occupational exposure to infectious diseases.

- Provide professional occupational health expertise as a resource to your safety and health committee. (See Chapter 4.)
- Be sure to include your OHDS in your annual self-evaluation. (See Chapter 12.)

### Early Recognition and Treatment

- Use OHPs to help you decide, on the basis of existing or potential hazards at your workplace, when you may need to conduct baseline and periodic testing of your employees and new hires for evidence of exposure. This is called “health surveillance” and is required by some OSHA standards for specific types of exposures.
- Use OHPs to do the testing needed for health surveillance.
- Make sure records are kept of employee visits to first aid stations, nurse’s office, contract clinic or hospital. Have an OHP review the symptoms reported and the diagnoses to see if there appear to be patterns that indicate an occupational health problem.
- Provide first aid and CPR assistance through properly trained employees on every shift. Make sure that these employees keep up their certifications and that they receive adequate training in the hazards specific to the worksite. The Occupational Exposure to Bloodborne Pathogens standard (Part 1910.1030) outlines specific training requirements for employees expected to render first aid at work. It is essential that employees understand the hazards from bloodborne communicable diseases and how to protect themselves.
- Make sure that OHPs whom you use have current credentials, have had recent occupational health continuing education, and understand the hazards of your worksite. These standards will help ensure their ability to recognize early symptoms of occupational health problems and begin prompt and appropriate treatment to prevent disability.
- Make sure that standardized procedures -- called “protocols” in the medical community -- are used throughout your occupational health delivery system, particularly if you are using more than one contractor for health services. (For more information, see Appendix 10-5).
- Have one of the OHPs keep your employee injury and illness records, whenever feasible. Make sure your record keeping system effectively ensures the confidentiality of individual employee medical records.

### Limiting Severity

- Coordinate the emergency response of all responsible individuals or departments at your worksite and of all emergency organizations off the worksite, such as the fire department, any contractual organization or a nearby community hospital. Everyone needs to know exactly what to do and what to expect from others. (See Chapter 8)
- Maintain contact through your OHP (whether you are an employee or provided by contract) with any employee who is off work due to an occupational illness or injury.
- Keep in touch with the practitioner providing treatment and care to ensure that the treatment is appropriate and that the employee is responding as expected.
- Use your registered nurse or physician to help advise an employee who is off work for an extended period about workers’ compensation rights and benefits and ongoing care.
- Use these OHPs to provide evaluation aimed at determining whether an employee can resume full duty after injury or illness or whether work duties need to be modified.
- Consult your physician or registered nurse for help with the development of a modified duty position to ensure that the employee can perform the work and benefit from feeling productive again.

- Develop and deliver health care in accordance with Federal and state regulations, for example, OSHA standards, workers' compensation laws and public health regulations.

## SUMMARY

Your business' medical program, what we call its occupational health delivery system, is an important part of your safety and health program. It can deliver service aimed at preventing hazards that can cause illness and injury, rapidly recognizing and treating illness and injury, and limiting their severity.

To determine which of these services are appropriate, you need to consider your business' special characteristics. These include the type of processes and materials your employees work with and the resulting or potential hazards. Other things to consider are the type of facilities in which employees work, the number of workers at each site and the characteristics of this work force such as age, gender, cultural background and educational level. The location of each operation and its nearness to a health care facility also are important.

Whether you hire or contract with an occupational health professional, make sure this person has specialized training, experience and up-to-date credentials. Then use that professional to help you develop and deliver the services you have chosen.

## APPENDIX 10-1

## MEDICAL RECORD KEEPING

OSHA requires that certain records be kept. Employee visits to the health office or to an offsite clinic or health care professional's office will generate additional records. Maintaining your records using the resources of your OHDS is a good idea. The occupational health professionals connected with your OHDS have the training to answer your employees' questions about these records and to decide whether their complaints are work-related.

What follows is a description of the health-related records that you should have in your business. It is meant to give you enough information to decide if you want to manage these records within your OHDS. You need to consult the standards or the other references for more details. The Code of Federal Regulations (CFR) numbers or publication titles have been included for your convenience. For further assistance, contact the federally-funded, state-operated consultation service.

OSHA-200 LOG: OSHA requires that you keep track of all the work-related injuries and illnesses that occur at your work sites. OSHA Form 200, often called the OSHA-200 Log, is used for this purpose. Another form, the "Supplementary Record of Occupational Injuries and Illnesses" (OSHA Form 101), or its equivalent, the WC-12, also must be kept. Employers often use the "First Report of Injury," required by the workers compensation system, as this record.

THE OSHA RECORD KEEPING STANDARD, 29 CFR 1904: This standard also tells how long you must keep the records and how you are to inform your employees about the injuries and illnesses occurring in your company.

ENVIRONMENTAL AND EMPLOYEE HEALTH MONITORING RECORDS: When you do any type of environmental monitoring, such as air sampling, OSHA requires that you keep the results. If you test employees for exposure to hazards, you must keep this information also. The publication "Access To Employee Exposure and Medical Records," 29 CFR 1910.1020, tells you that employees and their representatives must be allowed to see and copy the records, and indicates how long the records must be kept.

RECORDS REQUIRED FOR SPECIFIC HAZARDS: OSHA has issued a number of standards specifying things that you must do when your business involves certain hazards. Often this includes testing employees and the workplace for signs of the hazard. When this is the case, the standard also tells how long you must keep the results of the tests. Three examples of this type of standard are the bloodborne pathogens standard, 29 CFR 1910.1030, the asbestos standard, 29 CFR 1910.1001(m), and the occupational noise exposure standard, 29 CFR 1910.95.

HAZARD COMMUNICATION: The Hazard Communication Standard addresses more than record keeping. It tells you how you must communicate to your employees and your community about the chemicals you use or make in your business. Because the standard requires that you keep certain documents and communicate certain information, we will discuss it here.

The standard says that you must keep a list of all hazardous chemicals present at your work sites. You must have labels and signs to warn people about these chemicals. You must have material safety data sheets (MSDS) for all hazardous chemicals. An MSDS provides information from the manufacturer about the ingredients and health effects of a chemical. In addition, employees must be trained about the chemicals to which they are exposed. Training must include information about what you are doing to protect employees and what they need to do to protect themselves. (See 29 CFR 1910.1200.)

INDIVIDUAL EMPLOYEE HEALTH RECORDS: Employee visits to the health office will generate records that should be kept in order to document what treatment is being provided and how the employee is responding. This data also can be analyzed by an occupational health professional seeking to uncover unrecognized hazards.

An important reminder: The confidentiality of individual employee health information is a fundamental concept of good occupational health practice. Moreover, your employees' legal rights to privacy extend to information that may be contained in their workplace health records. Therefore, access to these records should be controlled by health professionals who understand the requirements of confidentiality and the circumstances under which disclosure may be made. It is not proper for an employer to review individual employee health records. Should an employer wish to examine health information, for example, in order to spot injury or illness trends, this review must be limited to anonymous aggregate data. Such data can be compiled by the health professional who controls the individual employee records or by another person who is properly authorized to examine the records.

## APPENDIX 10-2

## QUALIFICATIONS OF OHDS PERSONNEL

Once you have decided which safety and health services you want to provide through your OHDS you need to decide who will provide the services. There are several factors to consider:

- Your OHDS must be organized so that the personnel providing the services are not working alone when state law requires that they be supervised by a registered nurse or physician.
- The occupational health professionals you use must have specialized, up-to-date training or experience in the methods of occupational health care.
- You must choose whether to hire OHDS personnel as your own employees or whether to contract outside your company for their services.

### OCCUPATIONAL HEALTH PROFESSIONALS

Occupational health professionals are medical doctors (MD), doctors of osteopathy (DO), and registered nurses (RN). They hold a license to practice their professions, and they are entitled to practice independently under this license, using the standard procedures described in Appendix 10-5.

Occupational Medicine Specialists. Occupational medicine specialists are medical doctors (MD) or doctors of osteopathy (DO) who have additional training or experience in the treatment of work-related illnesses and injuries. This training or experience can be acquired in different ways:

- A number of universities offer residency programs that enable MD's and DO's to become board certified in occupational medicine through the American Board of Preventive Medicine.
- Professionals graduating from schools of medicine or osteopathy before January 1, 1984, may qualify for board certification by the "alternative pathway." This involves a combination of education and practical experience in the field of occupational medicine.
- Shorter programs, called mini-residencies, offer academic training in occupational medicine.
- MD's and DO's can obtain advanced education in occupational medicine by taking continuing education courses.
- There are MD's and DO's working in occupational medicine who have gained advanced knowledge through experience working in the field for extended periods.

Occupational Health Nurses. Occupational health nurses are registered nurses (RN) who have received specialized training in occupational health. Like physicians with specialties in occupational medicine, occupational health nurses may gain this training through formal college programs, continuing education or experience working in the field. A registered nursing license allows nurses to perform many health evaluation and care functions independently.

Nurse Practitioners. Nurse Practitioners are registered nurses who have completed formal advanced training in physical assessment and the management of minor, stable illnesses and injuries. In most states, they are licensed or certified for advanced practice by state licensing boards. Nurse Practitioners perform many health evaluations and care activities independently. They perform physical exams; diagnose health problems using laboratory tests, x-rays or other tests; and treat employees who are ill or injured. In most states, Nurse Practitioners perform any other activities using written protocols developed collaboratively with a physician. Nurse practitioners can take additional training and specialize in the treatment of occupational illnesses and injuries.

### SUPPORT PERSONNEL

Support personnel can provide more limited services. They have received specific training and usually are certified or licensed by the educational institution where they received the training. Sometimes, licensing or certification is granted by the state. The scope of practice for support

personnel require that they work under the supervision of licensed health professionals except when delivering first aid. Licensed vocational nurses (LVNs), licensed practical nurses (LPNs), emergency response personnel (sometimes called emergency medical technicians or EMTs), and first aid personnel are in this category.

Licensed Vocational and Licensed Practical Nurses. LVNs and LPNs are licensed by state agencies to perform certain health care activities. These include taking blood pressures and applying dressings. These persons must practice under the supervision of a physician or a registered nurse.

First Aid and Emergency Response Personnel. “First aiders” perform the function of first response. They provide temporary treatment until care of the ill or injured person can be transferred to someone with more advanced training. This includes performing treatments such as splinting and applying ice or pressure dressings, and also transporting the ill or injured. A person does not need a background in formal health care education to be trained in first aid and cardiopulmonary resuscitation (CPR). A certification in first aid usually is granted by training providers such as the American Red Cross after the student completes a standard curriculum and demonstrates competence. When employers assign first aid responsibilities to their employees, proper training, certification and regular updating of the instruction are important: even first aid techniques can be harmful when done incorrectly.

CPR sometimes is included in first aid courses, but a separate class may have to be taken. CPR is the act of providing temporary, life-sustaining artificial circulation and respiration when these functions have stopped. It is performed before and during the stricken person’s transfer to a medical facility. As with first aid, persons completing CPR training are certified by the organization offering the training. CPR performed incorrectly can injure the person receiving it. When employers use employees as “first aiders” and expect them to perform CPR, the employees must be thoroughly trained, and this training must be updated at least annually.

**WARNING:** It is possible for persons rendering first aid or CPR to be exposed to the viruses that cause hepatitis B and AIDS. This is because the “first aider” can come in contact with body fluids, such as blood, that might contain these viruses. Because of this potential for exposure, all employees with first aid or CPR duties are covered by the full scope of OSHA’s Bloodborne Pathogens standard, 29 CFR 1910.1030. The standard requires that an employer train these employees in how to protect themselves from potentially infectious body fluids. It also requires that the employer provide personal protective equipment, offer the hepatitis B vaccine, provide medical follow-up for any occupational exposure, and meet other requirements.

Emergency response personnel, sometimes called emergency medical technicians (EMTs), have received advanced training in first aid, CPR and other life support techniques. With certain restrictions, they can perform sophisticated emergency procedures and transport ill and/or injured people.

The OHDS should retain records of the original training, licenses, update courses and certification of all employees participating in the delivery of occupational health services, including first aid, CPR and/or emergency response activities. The Bloodborne Pathogens standard requires that all training records be kept for 3 years and that the records contain training dates, the content or a summary of the training, names and qualifications of trainers, and names and job titles of trainees.

Like other employees with first aid responsibilities, EMTs are covered by the full scope of OSHA’s Bloodborne Pathogens standard.



## APPENDIX 10-3

### EVALUATING THE QUALIFICATIONS OF HEALTH CARE PROFESSIONALS

Whether you choose to employ professional health care personnel or to contract with outside vendors, it is important to evaluate their qualifications. Remember that occupational health professionals are people selling a service. You should use the same smart consumer skills with physicians and registered nurses that you apply to anyone who is trying to sell you something. Here are some questions to ask prospective professional health care providers:

- What type of training has the health care provider had?
  - Physicians:  
Graduation date - note all degrees;  
Request a copy of current MD or DO license;  
Types of specialization certification;  
Years of experience in occupational medicine; and  
Titles of continuing education courses taken in the last two years.
  - Registered Nurses:  
Graduation date - type of degree;  
Graduate degrees;  
Types of specialization certification;  
Years of experience in occupational health;  
Titles of continuing education courses taken in the last two years; and  
Copy of current RN license.
- In what type of industries has the prospective health care provider had experience?
- What kind of information does the prospective health care provider want to know about your business? A prospective health care provider should ask questions about the following:
  - Your work processes;
  - Your known or potential hazards;
  - Your facilities, type and location;
  - Number of employees;
  - Standards and/or regulations that apply in your business;
  - Health surveillance programs, current or past;
  - Collective bargaining contracts;
  - Any previously issued OSHA citations;
  - Existence and specifics of a safety and health policy;
  - Current method of providing OH services; and
  - Other health care providers involved in providing services.
- What does this provider know about OSHA record keeping requirements:
- Given the above information, what would this provider do to contribute to the improvement of your safety and health program?
- Can this provider provide references:
- Has there ever been an OSHA inspection in a facility with which this provider was associated? What was the outcome of that inspection?

## **APPENDIX 10-4**

### **PROTOCOLS: ESTABLISHED STANDARDIZED PROCEDURES**

Protocols are written, standardized plans for providing medical treatment. They are comparable to the standardized procedures that you already may use in some areas of your business, such as your system for maintaining accounts or servicing company equipment. Your OH needs a set of protocols: written procedures for treatment of work-related illness and injury, for response to emergency situations, for collection of data from health surveillance programs and for all the other activities of your medical program.

These standardized procedures are not meant to interfere with an occupational health professional's treatment of work-related injury and illness. They are aimed at ensuring the early detection of work-related health problems through consistent and thorough evaluation of employee health complaints.

Standardized procedures also promote the use of the most up-to-date therapies for work-related illness and injury. They are particularly important if you are using several contractors to provide your company's OH services, because they help ensure that all your employees receive the same type of care. (See Appendix 10-1 for ideas on how and when employers sometimes use contractors.) Even if company employees provide your OH services, there still should be standardized procedures written for all health surveillance programs, health care and first aid. These standardized procedures should be communicated to all health care employees and subcontractors who provide treatment for your workers.

A Comprehensive Guide for Establishing an Occupational Health Service, published by the American Association of Occupational Health Nurses (AAOHN), includes information on developing protocols. To obtain a copy of this guide, contact AAOHN, 50 Lenox Point, NE., Atlanta, Georgia 30324, telephone 404/262-1162.